



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 10/769,573  
Filing Date ..... January 30, 2004  
Inventor ..... Mark A. Helm et al  
Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 2826  
Examiner ..... Fetsum Abraham  
Attorney's Docket No. .... MI22-2478  
Title: Gated Semiconductor Assemblies and Methods of Forming Gated  
Semiconductor Assemblies

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**


**References – See Attached Form PTO-1449**

In compliance with 37 C.F.R. §§ 1.56, 1.97 and 1.98, the Examiner's attention is directed to the United States patents and other references listed on the attached Form PTO-1449. Pursuant to 37 C.F.R. §1.98(a)(2)(1) no copies of any cited U.S. patents or U.S. published applications are included herewith. Copies of all other cited art references, if any, are attached. No admission is made regarding whether all the submitted references are prior art.

Citation of the referenced art is respectfully requested.

Respectfully submitted,

Dated: 25 May 2005

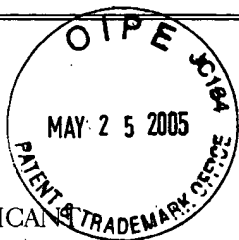
By:   
James E. Lake  
Reg. No. 44,854

05/31/2005 ZJU HAR1 00000046 10769573

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180.00 OP

Form PTO-1449

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICELIST OF ART CITED BY APPLICANT  
(Use several sheets if necessary)ATTY. DOCKET NO.  
MI22-2478SERIAL NO.  
10/769,573APPLICANT  
Mark A. Helm et al.FILING DATE  
January 30, 2004GROUP  
2826

## U.S. PATENT DOCUMENTS

Examiner Initial		Document Number	Date	Name	Class	Subclass	Filing Date If Appropriate
	AA	6,033,971	03/00	Motonami et al.	438	444	
	AB	6,380,611 B1	04/02	Yin et al.	257	649	
	AC	6,670,695 B1	12/03	Gau et al.	257	649	
	AD	6,693,345 B2	12/04	Moore et al.	257	640	
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						

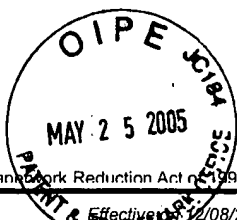
## FOREIGN PATENT DOCUMENTS

		Document Number	Date	Country	Class	Sub-class	Translation	
							Yes	No
	AK							
	AL							
	AM							

## OTHER REFERENCES (including Author, Title, Date, Pertinent Pages, Etc.)

	AN	
	AO	
	AP	
EXAMINER	DATE CONSIDERED	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

**Complete if Known**

Application Number	10/769,573
Filing Date	January 30, 2004
First Named Inventor	Mark A. Helm
Examiner Name	Fetsum Abraham
Art Unit	2826
Attorney Docket No.	MI22-2478

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supp Information Disclosure Statement

Fees Paid (\$)

180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 44,854	Telephone 509-624-4276
Name (Print/Type)	James E. Lake	Date	25 May 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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